

# **ANNUAL STATEMENT**

# FOR THE YEAR ENDING DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

**HAP Empowered Health Plan, Inc.** (Name)

	01311 ,	01311 (Prior Period)	NAIC Company Coo	de <u>95814</u>	Employer's I	D Number _	38-3123777
Organized under the Laws of	of	Michigan		State of Domicil	le or Port of Entry		Michigan
Country of Domicile			ι	Inited States			
Licensed as business type:	Life, Accident Dental Servic Other [ ]	& Health [ ] e Corporation [ ]		orporation [ ]	Hospital, Medical of Health Maintenand		vice or Indemnity [ ]
Incorporated/Organized		01/01/1994	Comm	enced Business	s	01/01/19	94
Statutory Home Office		2850 West Grand (Street and Nur		,		, MI, US 482 tate, Country and	
Main Administrative Office			286	60 West Grand E	Boulevard		
Main Administrative Office			200	(Street and Num			
	etroit, MI, US 48 wn, State, Country a				888-654-22 (Area Code) (Telephon		
, ,	•	, ,			, , , ,	•	
Mail Address		est Grand Boulevard and Number or P.O. Box)	<u> </u>		Detroit, MI, (City or Town, State, C	US 48202 Country and Zip C	Code)
Primary Location of Books a	,	,		2850 Wes	st Grand Boulevard	, , .	,
ary _coalion or _coalion					reet and Number)		
	etroit, MI, US 48				248-443-10		
, ,	wn, State, Country a	ind Zip Code)		•	rea Code) (Telephone Nun	iber) (Extension)	)
Internet Web Site Address				.org/emp/hap-er	mpowered		
Statutory Statement Contact	t	Dianna L. Rona (Name)	n CPA	_,	(Area Code) (Teleph	443-1093	ivtension)
	dronan@hap.o	rg			248-443-86	10	Aterision)
	(E-Mail Address)				(Fax Number	)	
			OFFICER	e			
Name		Title	OFFICER	S Nam	ne		Title
Michael Allen Genord N	И.D. ,	President		Robin Dams			Treasurer
Michelle Denise Johnson							
Esq.	,	Secretary			,		
	_		OTHER OFFI	CERS			
Marjorie A. Staten J.I	D	Assistant Secre	etary				
Charles Andrew Bloom	D O	DIRE Michael Allen Gen	CTORS OR T	RUSTEES  Kenneth Mich			
Charles / tharew Bloom	<u> </u>	Wildrider / Wierr Gerr		TOTHICUT WHOLE			
State of	Michigan	ss					
County of	Wayne						
The officers of this reporting en above, all of the herein describithat this statement, together will iabilities and of the condition around have been completed in acmay differ; or, (2) that state rule knowledge and belief, respective when required, that is an exact regulators in lieu of or in additional properties of the state	ed assets were the treated exhibit related exhibit and affairs of the scordance with the scor regulations rely. Furthermore a copy (except for	ne absolute property of ts, schedules and expl said reporting entity as e NAIC Annual Stateme require differences in r , the scope of this atter r formatting differences	the said reporting entity anations therein contains of the reporting periods ant Instructions and Acceptation of the described to a station by the described	y, free and clear fined, annexed or instated above, and counting Practices accounting practic officers also include.	from any liens or claims referred to, is a full and of its income and deduand Procedures manuates and procedures, accudes the related corresponder.	thereon, exce d true statement actions therefront I except to the cording to the ponding electron	ept as herein stated, and ent of all the assets and om for the period ended, extent that: (1) state law best of their information, onic filing with the NAIC,
Michael Allen G	Senord M.D.		Robin Damschr	oder	Michelle	Denise Johr	nson Tidjani Esq.
Presid	ent		Treasurer			Secreta	
Subscribed and sworn to b				b. I 1 2	s this an original filin If no: I. State the amendme 2. Date filed	ent number	Yes [ X ] No [ ]
				3	8. Number of pages a	ttached	
Roderick Irwin Curry, Notar August 14, 2027	у						

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

				-		
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
		ļ				
		<u> </u>				
0299997 Group subscriber subtotal	<u> </u>	1 0	1 0	n	Λ	1 0
0299998 Premiums due and unpaid not individually listed	†			I		1
0299999 Total group		n	0	<u>Γ</u>	<u> </u>	1
0300000 Promium due and ungaid from Medicare entities	2,512,528					2 512 528
0399999 Premiums due and unpaid from Medicare entities	2,461,551		1	<b></b>	†	2,512,528 2,461,551
0499999 Fremiums due and unipaid nom Medicaid entities		0	_			4,974,079
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	4,974,079	1 0	1 0	1 0	1 0	4,974,079

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

EXHIBIT OF HEALTH OAKE KLOCKADELO										
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted				
0199998 - Aggregate of amounts not individually listed above.	2,113,893	•		·		2,113,893				
I 0100000 - Pharmaceutical Rehate Receivables	2,113,893	0	0	0	0	2.113.893				
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables 0699998 - Aggregate of amounts not individually listed above.	14,899					14.899				
0299999 - Claim Overpayment Receivables	14,899	0	0	0	0	14.899				
0699998 - Aggregate of amounts not individually listed above.	431,419		· ·		-	431,419				
0699999 - Other Health Care Receivables	431,419	0	0	0	0	2,113,893 14,899 14,899 431,419 431,419				
Secretary Marking and Medicinative	101,110		,	, and the second	•					
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0799999 Gross Health Care Receivables	2,560,211	0	0	0	0	2,560,211				

## EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece or Offset Du	eivables Collected ring the Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivable	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	1,642,961	5,919,801		2,113,893	1,642,961	2,041,262
Claim overpayment receivables				14,899	0	
Loans and advances to providers					0	
Capitation arrangement receivables					0	
Risk sharing receivables					0	
6. Other health care receivables				431,419	0	
7. Totals (Lines 1 through 6)	1,642,961	5,919,801	0	2,560,210	1,642,961	2,041,262

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

# **EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

	Aging Analysis of Unpaid					
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)	1 - 30 Days	31 - 00 Days	01 - 90 Days	91 - 120 Days	Over 120 Days	Total
0199999 Individually listed claims unpaid	0	0	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered		(932) (40,873)	302	443	4,907	200 , 14
0399999 Aggregate accounts not individually listed-covered	2,828,361		(64,736)	21,807 22,250	(175,512)	
0499999 Subtotals 0599999 Unreported claims and other claim reserves	3,023,785	(41,805)	(64,434)	22,230	(170,605)	2,769,19 30,227,72
0699999 Total amounts withheld						30,221,12
0799999 Total claims unpaid						32,996,91
0899999 Accrued medical incentive pool and bonus amounts						2,656,40

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

	1 0						M - 4
1	2	3	4	5	6	Adm	ttea
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Health Alliance Plan	2,233,713	•	1			2,233,713	
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0199999 Individually listed receivables	2,233,713	ļ0	J0	J0	J	2,233,713	0
0199999 Individually listed receivables							
0399999 Total gross amounts receivable	2,233,713	0	0	0	0	2,233,713	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

	2	3	4	<u> </u>
Acris	2		4	N
Affiliate	Description	Amount	Current	Non-Current
Health Alliance Plan.		3,128,258	3,128,258	
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			l	İ
0199999 Individually listed payables		3,128,258	3,128,258	
0199999 Individually listed payables 0299999 Payables not individually listed 0399999 Total gross payables				
0399999 Total gross navables		3,128,258	3,128,258	0
oooooo Total groot payablo		0,120,200	0,120,200	•

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		0.0		0.0		
2. Intermediaries		0.0		0.0		
3. All other providers		0.0		0.0		
Total capitation payments		0.0	0	0.0	0	(
Other Payments:						
5. Fee-for-service	3,075,875	1.7	xxx	xxx	12,651	3,063,224
Contractual fee payments	174,266,996	98.3	xxx	xxx	31,361,042	142,905,954
7. Bonus/withhold arrangements - fee-for-service			xxx	Lxxx		
Bonus/withhold arrangements - contractual fee payments			xxx	Lxxx		
9. Non-contingent salaries			xxx	xxx		
10. Aggregate cost arrangements		0.0	xxx	xxx		
11. All other payments		0.0	xxx	xxx		
12. Total other payments	177,342,871	100.0	xxx	XXX	31,373,693	145,969,178
13. Total (Line 4 plus Line 12)	177,342,871	100 %	XXX	XXX	31,373,693	145,969,178

### **EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS		VINIEDIWIZIE.	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	NIONIE				
	NONE				
[			<del> </del>	<u> </u>	<b></b>
[			<b> </b>	ł	<b> </b>
			<b></b>		<b></b>
9999999 Totals			XXX	XXX	XXX

# **EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

HAP Empowered Health Plan, Inc. **REPORT FOR: 1. CORPORATION** 

								(LOCATION)		
AIC Group Code 01311 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR				NAI	95814	
	1	Compre (Hospital a		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	24,992							4,682	20,310	
2 First Quarter	27,910							4,472	23,438	
3 Second Quarter	30,362							4,592	25,770	
4. Third Quarter	32,192							4,695	27 ,497	
5. Current Year	33,120							4,515	28,605	
6 Current Year Member Months	362,064							54,666	307,398	
Total Member Ambulatory Encounters for Year:										
7. Physician	423,071							232,535	190,536	
8. Non-Physician	86,219							29,006	57,213	
9. Total	509,290	0	0	0	0	0	0	261,541	247,749	
10. Hospital Patient Days Incurred	20,766							9,124	11,642	
11. Number of Inpatient Admissions	3,434							1,182	2,252	
12. Health Premiums Written (b)	211,834,315							123,170,971		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	211,228,061							122,930,846	88 , 297 , 215	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	177 ,342 ,871							100 , 761 , 970	76,580,901	
18. Amount Incurred for Provision of Health Care Services	179,042,481							98,091,383	80.951.098	

<sup>...0</sup> and number of persons insured under indemnity only products . (a) For health business: number of persons insured under PPO managed care products

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......123,170,971



# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

								(LOCATION)		
AIC Group Code 01311 BUSINESS IN THE STATE OF	Consolidated			DURING THE YEAR 2021				NAIC Company Code		95814
	1	Compre (Hospital 8	hensive & Medical)	4	5	6	7	8	9	10
		2	3							
							Federal			
				Medicare	Vision	Dental	Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	24,992	0	0	0	0	0	0	4,682	20,310	
2 First Quarter	27,910	0	0	0	0	0	0	4,472	23,438	
3 Second Quarter	30,362	0	0	0	0	0	0	4,592	25,770	
4. Third Quarter	32,192	0	0	0	0	0	0	4,695	27 ,497	
5. Current Year	33,120	0	0	0	0	0	0	4,515	28,605	
6 Current Year Member Months	362,064	0	0	0	0	0	0	54,666	307,398	
Total Member Ambulatory Encounters for Year:										
7. Physician	423,071	0	0	0	0	0	0	232,535	190,536	
8. Non-Physician	86,219	0	0	0	0	0	0	29,006	57,213	
9. Total	509,290	0	0	0	0	0	0	261,541	247,749	
10. Hospital Patient Days Incurred	20,766	0	0	0	0	0	0	9,124	11,642	
11. Number of Inpatient Admissions	3,434	0	0	0	0	0	0	1,182	2,252	
12. Health Premiums Written (b)	211,834,315	0	0	0	0	0	0	123,170,971	88,663,344	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	211 ,228 ,061	0	0	0	0	0	0	122,930,846		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	177 ,342 ,871	0	0	0	0	0	0	100 ,761 ,970	76,580,901	
18. Amount Incurred for Provision of Health Care Services	179,042,481	0	0	0	0	0	0	98,091,383	80,951,098	

<sup>(</sup>a) For health business: number of persons insured under PPO managed care products \_\_\_\_\_\_\_0 and number of persons insured under indemnity only products \_\_\_\_\_\_0

<sup>(</sup>b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ......123,170,971

## **SCHEDULE S - PART 1 - SECTION 2**

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIG					Type Of	Type Of			Reserve Liability Other Than For	Dainaurana	Madified	
NAIC	ID			Damiellian.	Of Deinester	Of Durings		l la a a ma a d	Other Than For	Reinsurance	Modified	Francis Mitheles and
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Reinsurance Assumed	Business	Premiums	Unearned Premiums	Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates	U.S Captive	Ellective Date	Name of Remsuled	Julisuiction	Assumed	Assumed	Fremiums	Fremiums	Fremiums	Janu Onpaiu Losses	Reserve	Torider Comsularice
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# SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

	2 Rei	nsurance Recover	able on Paid and Unpaid Losses Listed by Rei	nsuring Company as of December 31, Current 5	Year 6	7
1						
NAIC			Name			
Company Code	ID Number	Effective Date	of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Accident and Hea	alth - Non-Affilia	ates - U.S. Non-Aff	iliates			L033C3
16535	36-4233459	01/01/2020 Non Affiliatos	ZURICH AMER INS CO U.S. Non-Affiliates	NY	351,760 351,760	0
2199999 - Acci	ident and Health	- Non-Affiliates -	Total Non-Affiliates		351,760	0
2299999 - Acci	ident and Health	- Total Accident and 399999, 0899999, 14	d Health		351,760 351,760	0
2399999 - 1018	11 U.S. (Suill UI U.	399999, 0099999, 14	99999 and 1999999)		331,700	0
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9999999 To	l itals—Life Δηημί	ity and Accident ar	ld Health		351,760	0
0000000 10	LIIG, AHIU	ity and Accident di	id Flodius		331,700	U

## S

9999999 Totals

### **SCHEDULE S - PART 3 - SECTION 2**

							-11 1 3 - SI						
				Reinsurance Ceded A	Accident and Heal	th Insurance Liste	d by Reinsuring Com	pany as of Decemb	ber 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding S	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums		Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
			es - U.S. Non-Affiliates										
16535	36-4233459	01/01/2020	ZURICH AMER INS CO.	NY	SSL / I		606,254						I
0899999 -	General Account	- Authorized - N	Non-Affiliates - U.S. Non-Affiliates	•	•	•	606,254	0	0	0	0	0	0
1099999 -	General Account	- Authorized - N	Non-Affiliates – Total Authorized Non-Affili	iates			606,254	0	0	0	0	0	0
1199999 -	General Account	- Authorized - 1	Total General Account Authorized				606,254	0	0	0	0	0	0
4599999 -	General Account	- Total General	Account Authorized, Unauthorized, Reciproca	al Jurisdiction and Certif	ied		606,254	0	0	0	0	0	0
9199999 -	Total U.S. (Sum	of 0399999, 0899	9999, 1499999, 1999999, 2599999, 3099999, 36	599999, 4199999, 4899999,	5399999, 5999999, 64	199999, 7099999,							
7599999,	8199999 and 8699	999)					606,254	0	0	0	0	0	0
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## **SCHEDULE S - PART 4**

							thorized Companie							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols 9+11+12+13+14 but not in Excess of Col. 8
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	Issuing or Confirming				
	Bank	Letters of	American Bankers		
	Reference	Credit	Association (ABA)		Letters of Credit
(a)	Number	Code	Routing Number	Issuing or Confirming Bank Name	Amount

## **SCHEDULE S - PART 5**

						insurance (	eded to	Certified R	einsurers as	of Decemi	ber 31, Curi	rent Year	(\$000 Om	itted)											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				Collateral				23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating(1 through 6)	Reinsurer	Percent Collateral Required for Full Credit (0% - 100%)	Reserve	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable / Reserve Credit Taken (Col. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col.12 - 13)	(Col. 14 x	Multiple	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Col. 16 +17 + 19 +20 + 21)	Collateral Provided for Net Obligation Subject to	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to exceed 100%)	Credit Allowed for Net Obligation Subject to	Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency (Col 14 - Col. 25)
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(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
					1

# SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	,	Omitted)	_		
	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	26
2. Title XVIII-Medicare	240	399	631	813	1,000
Title XIX-Medicaid	366	715	316	235	425
Commissions and reinsurance expense allowance		0	0	0	0
Total hospital and medical expenses	178,324	1,251	1,488,721	2,186	1,493
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable		0	0	0	0
Reinsurance recoverable on paid losses	352	1,113	3,098	2,877	1,202
Experience rating refunds due or unpaid		0	0	0	0
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

## **SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	74,782,835		74,782,835
2.	Accident and health premiums due and unpaid (Line 15)	5,510,279		5,510,279
3.	Amounts recoverable from reinsurers (Line 16.1)	351,760		351,760
4.	Net credit for ceded reinsurance	xxx	351,760	351,760
5.	All other admitted assets (Balance)	15,175,732		15,175,732
6.	Total assets (Line 28)	95,820,606	351,760	96,172,366
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	32,996,913	0	32,996,913
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,656,401		2,656,401
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	30,207,113		30,207,113
15.	Total liabilities (Line 24)	65,860,427	0	65,860,427
16.	Total capital and surplus (Line 33)	29,960,179	XXX	29,960,179
17.	Total liabilities, capital and surplus (Line 34)	95,820,606	0	95,820,606
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	351,760		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	351,760		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	351,760		

# SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated By States and Territories

	<b>I</b>			Direct Bus	iness Only		
		1 Life (Group and	2 Annuities (Group	3 Disability Income (Group and	4 Long-Term Care (Group and	5 Deposit-Type	6
States, Etc.		Individual)	and Individual)	Individual)	Individual)	Contracts	Totals
1. Alabama	AL						
2. Alaska	I						
3. Arizona	I						
	AR						
5. California	I						
6. Colorado	co						
7. Connecticut	CT						
8. Delaware	DE						
9. District of Columbia	DC						
10. Florida	FL						
11. Georgia	GA						
12. Hawaii	HI						
13. Idaho	ID						
14. Illinois	l l						
15. Indiana							
16. lowa	JA						
17. Kansas	KS						
	KY					1	-
	I						
19. Louisiana	I						
20. Maine	ME		ļ			·	· <del> </del>
21. Maryland	I						ļ
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	МО						
27. Montana	ТМ						
28. Nebraska	NE						
29. Nevada				• • • • • • • • • • • • • • • • • • • •			
30. New Hampshire	I						
31. New Jersey	I						
32. New Mexico							
33. New York							
34. North Carolina	I						
35. North Dakota	I						
	HO						
37. Oklahoma	OK						
38. Oregon	OR						
39. Pennsylvania	PA						
40. Rhode Island							
41. South Carolina							
42. South Dakota							
43. Tennessee	I						
44. Texas	TX			• • • • • • • • • • • • • • • • • • • •			
45. Utah							
46. Vermont	VT					1	
	- 1					†	
47. Virginia			·····			·	
48. Washington							
49. West Virginia							
50. Wisconsin	I						· <b> </b>
51. Wyoming							.
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. US Virgin Islands							
56. Northern Mariana Islands							
			I		I	1	T
	CAN						
57. Canada							

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# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

	-		1				T -			T	T		T		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of					Type of Control				
						Securities			D . I . I' I		(Ownership,	15 0			
		1110				Exchange if	Nonces		Relationship	1	Board,	If Control is		Is an SCA	
		NAIC	15	F		Publicly	Names of	D	to	Discoult Constanting the	Management,	Ownership	1.110	Filing	
Group		Company	, ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	_
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
00000	Henry Ford Health Systems	05044	00 0040007				Health Alliance Plan of	MI	LIDD	Harris Frank Harrista Origina	O	400.0	Henry Ford Health		0
00000	Group.	95844	38 - 2242827				Michigan	JWI I	UDP	Henry Ford Health System	.Ownership	100.0	System	-	U
00000	Henry Ford Health Systems	00000	20 2542504				HAP Preferred Inc		NII A	Health Alliance Plan of	O	100 0	Henry Ford Health	YES	0
00000	Group	00000	38-2513504						NIA	Michigan	Ownership	100.0	System	rE5	
04044	Henry Ford Health Systems	00404	38-3291563				Alliance Health and Life	MI	1.4	Health Alliance Plan of	O	100 0	Henry Ford Health	NO	0
01311	Group Henry Ford Health Systems	60134	38-3291303				Insurance Company		I A	Michigan Health Alliance Plan of	Ownership	100.0	SystemHenry Ford Health	NU	U
00000		00000	38-2651185				Administration System Research		NII A	Michigan	Ownership.	100.0	Svstem	YES	0
00000	Group Henry Ford Health Systems	00000	30-2031103				Corporation		NIA	Health Alliance Plan of	. ownership	100.0	Henry Ford Health	1⊑0	U
01311		95814	38-3123777				HAP Midwest Health Plan. Inc	MI	RE	Michigan	Ownership	100.0	System	NO	0
01311	Group Henry Ford Health Systems	930 14	30-3123111				THAP WILLWEST HEALTH FLAH, IIIC		NE	Witchingan	. Owner Sirrp	100.0	System	INU	
00000		00000	38-1357020				Henry Ford Health System		UIP			0.0			0
00000	Group Henry Ford Health Systems	00000	30-133/020				Henry Ford Wyandotte Hospital		VIF			J	Henry Ford Health		
00000	Group	00000	38-2791823				Corp.		NIA	Henry Ford Health System	Ownership	100.0	System		0
00000	Henry Ford Health Systems	00000	30-2191023				Согр		N I A	Therity ford hearth system		1	Henry Ford Health		0
00000	Group	00000	38-2947657				Henry Ford Macomb Hospital		NIA	Henry Ford Health System	Ownership.	100.0	System		٥
00000	Henry Ford Health Systems	00000	30-2347037				Henry Ford Macomb Real Estate.		N 1 /	Therity Ford Hearth System		100.0	Henry Ford Health		
00000	Group	00000	38-2947657				III		NIA	Henry Ford Health System		100.0	System		٥
00000	Henry Ford Health Systems	00000	30-234/03/				LLU		N I A	Therity rotu thearth system		100.0	Henry Ford Health		
00000	Group	00000	38-2565235				Fairlane Health Services Corp		NIA	Henry Ford Health System	Ownership	100.0	System		٥
00000	Henry Ford Health Systems	00000	30-2303233				Tarrane hearth bervices corp		N 1 /	l literity ford flearth System		1100.0	Henry Ford Health		
00000	Group	00000	33-1210726				Neighborhood Development LLC		NIA	Henry Ford Health System	Ownership	100.0	System.		n
00000	Henry Ford Health Systems		12 107 20				Metropolitan Detroit Area		1	l did i di di di di di di di di di di di		1	Henry Ford Health		
00000	Group.	00000	38 - 1958953				Hospital Services. Inc.		NIA	Henry Ford Health System	Ownership.	33.0	System.		0
00000	Henry Ford Health Systems		1000000				1		1				Henry Ford Health		
00000	Group	00000	90-0840304				Henry Ford Innovation Institute.		NIA	Henry Ford Health System	Ownership	100 0	System		0
00000	Henry Ford Health Systems		00 00 1000 1				Henry Ford Health System			Systematical Control of Stematical Control			Henry Ford Health		
00000	Group	00000	23-7383042				Foundation		NIA	Henry Ford Health System	0wnership	100.0			0
	Henry Ford Health Systems												Henry Ford Health		
00000	Group.	00000	32-0306774				Henry Ford Physician Network		NIA	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems						Northwest Detroit Dialysis			,	' '		Henry Ford Health		
00000	Group.	00000	38-3232668				Centers		NIA	Henry Ford Health System	Ownership	56.2	System		0
	Henry Ford Health Systems										· ·		Henry Ford Health		
00000	Group.	00000	45-5325853				Home Dialysis Specialty Center		NIA	Henry Ford Health System	Ownership	30.0	System		0
	Henry Ford Health Systems						Macomb Regional Dialysis					1	Henry Ford Health		
00000	Group	00000	26-0423581				Centers LLC		NIA	Henry Ford Health System	. Ownership	60 . 0	System		0
	Henry Ford Health Systems												Henry Ford Health		
00000	Group	00000	38-1378121				Sha Realty Corp		NIA	Henry Ford Health System	Ownership	100.0	System		0
	Henry Ford Health Systems	[									l		Henry Ford Health		
00000	Group	00000	90-0659735				Pace Southeast Michigan		NIA	Henry Ford Health System	. Ownership	50.0	System		0
	Henry Ford Health Systems	[									l		Henry Ford Health		
00000	Group	00000	26-3896897				Henry Ford West Bloomfield		N I A	Henry Ford Health System	. Ownership	100.0	System		0
	Henry Ford Health Systems												Henry Ford Health		
00000	Group	00000	38-3322462				P Cor, LLC (d/b/a Optimeyes)		NIA	Henry Ford Health System	.Ownership	100.0	System		0
	Henry Ford Health Systems	00000											Henry Ford Health		_
00000	Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System	0wnership	J100 . 0	System		0

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	lD	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Yes/No)	*
							Henry Ford Physicians								
	Henry Ford Health Systems						Accountable Care Organization,						Henry Ford Health		
00000	Group	00000	46-5746225				LLC		NIA	Henry Ford Health System	.Ownership	100.0	System.		0
	Henry Ford Health Systems						Center for Complementary and						Henry Ford Health		
00000	Group	00000	30-0092342				Integrative Medicine		NIA	Henry Ford Health System	. Ownership	100.0	System		0
	Henry Ford Health Systems						Henry Ford Health System						Henry Ford Health		
00000	Group	00000	46 - 4064067				Government Affairs Services		NIA	Henry Ford Health System	. Ownership	100.0	System		0
	Henry Ford Health Systems						Henry Ford Elijah McCoy						Henry Ford Health		
00000	Group	00000					Condominium Association		NIA	Henry Ford Health System	.Ownership	100.0			0
	Henry Ford Health Systems		40 5004000				LIEUR COL III III					40.0	Henry Ford Health		
00000	Group	00000	46-5291602				HFHS-SCA Holdings, LLC	-	NIA	Henry Ford Health System	Ownership	49.0	System		0
00000	Henry Ford Health Systems	00000	47 4400000				Mishing Mater Districts 110		ALL A	Harris Frank Harrista Origina	O	00.0	Henry Ford Health		0
00000	Group	00000	47 - 1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System	Ownership	20.0	System		
00000	Henry Ford Health Systems	00000	98-0128041				Coumich Inquirence Company LTD		1.4	Hanry Ford Health Cyatam	Ownership	44.9	Hénry Ford Health		0
00000	Group Henry Ford Health Systems	00000	90-0120041				Caymich Insurance Company, LTD	· ·	IA	Henry Ford Health System	Ownership	44.9	SystemHenry Ford Health		
00000		00000	47 - 4828458				Affirmant Health Partners, LLC		NIA	Henry Ford Health System	Ownership.	16.7	System		0
00000	GroupHenry Ford Health Systems	00000	47 -4020430				ATTITIIIdiTE HEATEIT FATEIETS, LLC		N 1 M	Therity ford hearth system		10.7	Henry Ford Health		0
00000	Group	00000	41-2176000				IRB Medical Equipment, LLC		NIA	Henry Ford Health System		35.5	System		0
00000	Henry Ford Health Systems	00000	. 41-21/0000				TIND Medical Equipment, ELC		NIA	Therity ford hearth system			Henry Ford Health		
00000	Group	00000	38-2666933				Med Star Ambulance		NIA	Henry Ford Health System	Ownership	33.0	System		0
00000	Henry Ford Health Systems	00000	. 30-2000933				Macomb County EMS Medical		N ! A	lienty ford hearth system	. Owner Sirrp		Henry Ford Health		
00000	Group	00000	26-3421732				Control Authority		NIA	Henry Ford Health System	Ownership	33.0	System		0
00000	Henry Ford Health Systems	00000	20-0421702				Community Health Technology			l long for a nearth by stem			Henry Ford Health		
00000	Group	00000	37 - 1502443				Network		NIA	Henry Ford Health System	Ownership.	100 0	System.		0
00000	Henry Ford Health Systems		1002110				Thou work.			l long rord mourth by brome			Henry Ford Health		
00000	Group	00000					G3 Pharmaceuticals		NIA	Henry Ford Health System	Ownership	5.0			0
00000	Henry Ford Health Systems						oo mamadaa raara			l long for a ribartir by otome			Henry Ford Health		
00000	Group.	00000					Semita		NIA	Henry Ford Health System	Ownership	20.0	System		0
	Henry Ford Health Systems												Henry Ford Health		
00000	Group.	00000					Cottage Condominium Association.		NIA	Henry Ford Health System	Ownership	33.0	System		0
	Henry Ford Health Systems									, ,	'		Hénry Ford Health		
00000	Group.	00000					KARETech Medical Devices		NIA	Henry Ford Health System	Ownership	5.0	System		0
	Henry Ford Health Systems						Henry Ford Allegiance Health				·		Henry Ford Health		
00000	Group	00000	38-2756428				Group		NIA	Henry Ford Health System	0wnership	100.0	System		0
	Henry Ford Health Systems	1								Henry Ford Allegiance Health	1	1	Hénry Ford Health	l l	
00000	Group	00000	38-2024689				.Henry Ford Allegiance Health	ļ	NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems	1	1							Henry Ford Allegiance Health		1	Henry Ford Health		
00000	Group	00000	38 - 1218485				Henry Ford Allegiance Carelink	ļ	NIA	Group	Ownership	100.0			0
	Henry Ford Health Systems	1					Henry Ford Allegiance Health		1	Henry Ford Allegiance Health	1.		Henry Ford Health		
00000	Group	00000	38-3607833				Foundation	ļ	NIA	Group	0wnership	100.0	System	l	0
	Henry Ford Health Systems	1	l <b>.</b>				L		l	Henry Ford Allegiance Health	l		Henry Ford Health		_
00000	Group	00000	38-3370242				.Henry Ford Allegiance Pharmacy	ļ	NIA	Group	Ownership	100.0	System	·	0
	Henry Ford Health Systems						I.,		l	Henry Ford Allegiance Health			Henry Ford Health		_
00000	Group	00000	38-2756425				Healthlink		NIA	Group	Ownership	100.0		·	0
00000	Henry Ford Health Systems	00000	45 0050046						l	Henry Ford Allegiance Health		100 0	Henry Ford Health		•
00000	Group	00000	45-3253643				Jackson Health Network, L3C		NIA	Group	Ownership	1100.0	System.		0

# SCHEDULE Y PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	, ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)		Percentage	Entity(ies)/Person(s)		*
	Henry Ford Health Systems									Henry Ford Allegiance Health			Henry Ford Health		
00000	Group	00000					Telehealth Michigan		NIA	Group	Ownership	100.0	System		0
	Henry Ford Health Systems		00 050 1057							Henry Ford Allegiance Health		400.0	Henry Ford Health		
00000	Group	00000	38-2594857				Physicians Choice Network, LLC		NIA	Group	Ownership	100.0	System		0
00000	Henry Ford Health Systems	00000							NII A	Henry Ford Allegiance Health	O	400.0	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000					It's Your Life Services, LLC		NIA	Henry Ford Allegiance Health	Ownership	100.0	SystemHenry Ford Health		
00000	Group.	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Group	Ownership	100.0	System		0
00000	Henry Ford Health Systems	00000	. 30-2330307				Them's ford Arregiance hospice	1	1N1A	Henry Ford Allegiance Health	. Owner sirrp	100.0	Henry Ford Health	1	
00000	Group	00000					Grass Lake Surgery Center, LLC		NIA	Group	Ownership	46.0	System.		0
00000	Henry Ford Health Systems	00000		1			Toruse Earle Surgery Somer, EES		1	Henry Ford Allegiance Health	. o mno r o mp		Henry Ford Health	1	
00000	Group	00000	38-3316836				Jackson Community Ambulance		JNIA	Group	Ownership.	50.0	System		0
	Henry Ford Health Systems						, , , , , , , , , , , , , , , , , , , ,			Henry Ford Allegiance Health			Henry Ford Health		
00000	Group.	00000	38-3017711				Foote Health Center Associates		NIA	Group	Ownership	62.0	System		0
	Henry Ford Health Systems						Emergency Medical Services			Henry Ford Allegiance Health	· ·		Hénry Ford Health		
00000	Group	00000	. 38-2361692				Council of Jackson County		NIA	Group.	Ownership	50.0	System.		0
	Henry Ford Health Systems									Henry Ford Allegiance Health	l		Henry Ford Health		
00000	Group	00000					Grass Lake Real Estate, LLC		NIA	Group	Ownership	46.0	System		0
	Henry Ford Health Systems	00000					Henry Ford Elijah McCoy		NII A		O	400.0	Henry Ford Health		
00000	Group Henry Ford Health Systems	00000					Condominium Asso		NIA	Henry Ford Health System Henry Ford Allegiance Health	Ownership	100.0	SystemHenry Ford Health		
00000	Group	00000					Grass Lake Real Estate, LLC		lNIA	Group	Ownership	46.0	System		0
00000	Henry Ford Health Systems	00000		1			Henry Ford Health System -	1	1NIA	σι σαρ	. Owner sirrp	40.0	Henry Ford Health		
00000	Group	00000					Acadia Joint Venture. LLC		NIA		Ownership	20.0	System		0
30000	Henry Ford Health Systems			1			Thomas a control formation, E20		1				Henry Ford Health	1	
00000	Group	00000		]			Henry Ford Recovery Care, LLC	<u> </u>	NIA		Ownership	49.0	System	]	0
	Henry Ford Health Systems						Henry Ford GoHealth Urgent Care						Henry Ford Health		
00000	Group	00000					Management, LLC		NIA		Ownership	50.0	System		0
	Henry Ford Health Systems												Henry Ford Health		
00000	Group	00000					PRAM Holdings, LLC		NIA		Ownership	4.6	System		0
	Henry Ford Health Systems						L		l				Henry Ford Health		
00000	Group.	00000		{			DePre Holdings, LLC	-	NIA		Ownership	2.3	System	.	0
00000	Henry Ford Health Systems	00000					EvDra Haldiana II.C		NI A		O		Henry Ford Health System		
00000	Group	00000		ł			ExPre Holdings, LLC		NIA		Ownership	J		-	
00000	Henry Ford Health Systems Group	00000	87 - 1633901				Henry Ford Physician Partners		NIA		Ownership	100.0	Henry Ford Health System		
00000	οι ουμ	00000	. 07 - 1033901				inging rotu rhystotan rafthers		1NTA		10wiic12111b	0.0	Joys ( Cill	1	 n

Asterisk	Explanation

## **SCHEDULE Y**

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	2	3	4	5	6	7	8	9	10	11	12	13
1	_	j ,		]	"	Income/	U	9	'0	''	12	10
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
NAIC Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Capital	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	38-2242827	Health Alliance Plan of Michigan	Dividends	15,000,000	investinents	Allillate(5)	(233,563,644)	Agreements		Dusiness	(218,563,644)	rakeri/(Liability)
33044	38-2513504	HAP Preferred Inc.		13,000,000			(233,303,044)		†····	<b>†</b>	(210,303,044)	
60134	38-3291563	Alliance Health and Life Insurance Compa.		15,000,000			/70 NEO 26N\		<del> </del>	<b>+</b>	(63,052,369)	
00134	38-1357020	Henry Ford Health System		(30,000,000)			(78,052,369) 288,326,692		<del> </del>	<b>†</b>	258,326,692	
	38-2791823	Henry Ford Wyondette		[(30,000,000)			200,320,092		<del> </del>	<b>+</b>	236,326,692	
	38-2947657	Inenity Ford Myandotte.							<del> </del>	tt	45,492,562	
	00-294/00/	Inchiny rold MacOllib Rospital		<del> </del>			4 000 007		<del> </del>	<del> </del>	40,492,502	
	26-3896897	Henry Ford Wyandotte. Henry Ford Macomb Hospital Henry Ford West Bloomfield. P Cor LLC.					1,209,307		ł	<b>+</b>	1,209,307	
05044	38-3322462	I' COT LLC					1,030,719		<del> </del>		1,030,719	
95814	38-3123777	HAP Empowered Health Plan, Inc. Northwest Detroit Dialysis Centers					(61, 189, 491)		ļ	ļ	(61, 189, 491)	
	38-3232668	Northwest Detroit Dialysis Centers					2,318,533		ļ	<b>.</b>	2,318,533	
	26-0423581	Macomb Regional Dialysis Centers LLC					511,296		ļ		511,296	
	38-2651185	Administration Sys Res Corp					(2,308,982)		ļ	ļ	(2,308,982)	
	41-2223561	Macomb Regional Dialysis Centers LLC. Administration Sys Res Corp. Henry Ford Pathology. Center for Complimentary and Integrated.					698,014		ļ	<b>.</b>	698,014	
	30-0092342	Center for Complimentary and Integrated					28,574		ļ		28,574	
	145-5325853	THOME DIALVSIS Speciality Center					8,773		ļ		8,773	
	47 - 1436663	Michigan Metro Dialysis, LLC					35,736		ļ	<u>.</u>	35,736	
	38-2027689	Michigan Metro Dialysis, LLC. W.A. Foote Memorial Hospital.					7 , 230 , 145		ļ		7,230,145	
									<u> </u>	<u> </u>	0	
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	ontrol Totals		0	0	1	0	0	0	XXX	0	0	0

## **SCHEDULE Y**

#### PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1	2	3 Ownership	4 Granted Disclaimer of Control\Affiliation	5	6	7 Ownership	8 Granted Disclaimer of Control\Affiliation
		Percentage				Percentage	
		Column 2 of			U.S. Insurance Groups or Entities	(Columns 5	Column 6
Insurers in Holding Company	Owners with Greater than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	Controlled by Column 5	of Column 6)	(Yes/No)
Health Alliance Plan of Michigan	Henry Ford Health System Health Alliance Plan of MichiganHealth Alliance Plan of Michigan		NO	Henry Ford Health System.	Henry Ford Health Systems Group	100.000 %	NO
Alliance Health and Life Insurance Company	Health Alliance Plan of Michigan		NO	Henry Ford Health System	Henry Ford Health Systems Group	100.000 %	NO
HAP Empowered Health Plan, Inc.	Health Alliance Plan of Michigan		NO	Henry Ford Health System	Henry Ford Health Systems Group Henry Ford Health Systems Group	100.000 %	NO
		%				%	
						%	
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### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses						
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES						
2.	Will an actuarial opinion be filed by March 1?	YES						
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES						
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES						
	APRIL FILING							
5.	Will Management's Discussion and Analysis be filed by April 1?	YES						
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES						
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES						
	JUNE FILING							
8.	Will an audited financial report be filed by June 1?	YES						
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES						

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

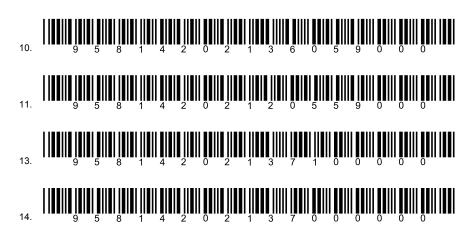
#### **MARCH FILING**

10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION

#### Explanation:

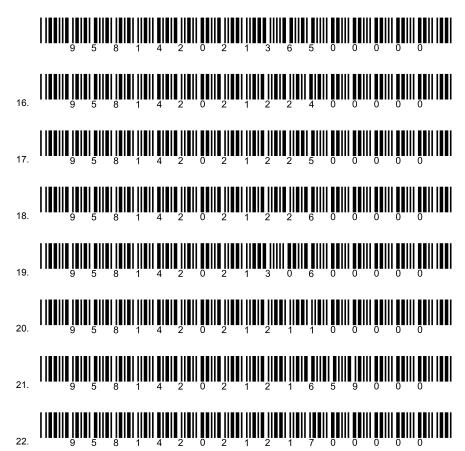
- 12. The company has no shareholders
- 23. The company is not a member of the Michigan Life & Health Insurance Guaranty Association
- 24. The company is not subject to MAR filing

#### Bar code:



15.

#### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



## **OVERFLOW PAGE FOR WRITE-INS**